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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

|                        | The contract of the contract o | i number. |
|------------------------|--|-----------|
| Application Number     | 09/808,703 now 6,858,272   |           |
| Filing Date            | 03/14/2001   |           |
| First Named Inventor   | Troy Squires   |           |
| Art Unit               | 1775   |           |
| Examiner Name          | Bahta, Abraham   |           |
| Attorney Docket Number | 58340/353192   |           |

| I hereby revo  | I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application. |                                  |          |           |  |  |
|--|---|----------------------------------|----------|-----------|--|--|
| ☐ A Power of Attorney is submitted herewith.   |   |                                  |          |           |  |  |
| OR   |   |                                  |          |           |  |  |
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| ☐ Please change the correspondence address for the above-identified application to:  |   |                                  |          |           |  |  |
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| OR   |   |                                  |          |           |  |  |
| ☐ Firm <i>or</i><br>Individua  | ıal Name  |                                  |          |           |  |  |
| Address  | i   |                                  |          |           |  |  |
| City   |   |                                  | 21.11    | T         |  |  |
|  |   |                                  | State    | ZIP       |  |  |
| Country  |   |                                  |          |           |  |  |
| Telephone  |   |                                  | Email    |           |  |  |
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| ☐ Appl   | licant/Invento  | or.                              |          |           |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |   |                                  |          |           |  |  |
|  | SIGNATURE of Applicant or Assignee of Record  |                                  |          |           |  |  |
| Signature de la Signature  |   |                                  |          |           |  |  |
| Name   | Tommy   | Boggs CFO                        | <b>U</b> |           |  |  |
| Date   | 3/12/200  | 3/12/2008 Telephone 706-876-1142 |          | -876-1142 |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |   |                                  |          |           |  |  |
| □ *Total of forms are submitted.   |   |                                  |          |           |  |  |